PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Α	p	plica	tion	or	Docket	Number
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10000	/
	1

							6/404					
CLAIMS AS FILED - PART I (Column 1) (Column 2)					mn 2)		SMALL ENTITY TYPE (OTHER THAN SMALL ENTITY		
TOTAL CLÀIMS						*		RATE	FEE	1 1	RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA		ВА	ASIC FEE	355.00	OR	BASIC FEE	710.00
то	TAL CHARGEA	BLE CLAIMS) minus 20=		•			X\$ 9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	minus 3 =		*			X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "C					r "0" in c	olumn 2		OTAL		OR	TOTAL	210
CLAIMS AS AMENDED - PART II							OTHER THAN					
		(Column 1)		(Colu		(Column 3)	_ S	MALL	ENTITY	OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 20	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	· 2	Minus	***		=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPE				PENDEN	ENDENT CLAIM			135=		OR	+270=	
							∟	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)	<u>)</u>	(Colu	mn 2)	(Column 3)	70					,
AMENDMENT B	. *	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	. 24	Minus	** 7	20	= 4		X\$ 9=		OR	X\$18=	72
AME	Independent	NTATION OF M	Minus	***	3 T.C.LAINA	=		X40=		OR	X80=	•
۲	FIRST PRESE	NIATION OF M	OLIIPLE DE	PENDEN	I CLAIIVI		' [.	+135=		OR	+270=	
							AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	72
		(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***	****			X40=	-	OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEPENDENT CLA			<u> </u>						-
	If the entry in colu	mn 1 is less than t	the entry in col	umn 2 writ	e "0" in co	olumn 3.	L	-135=	_	OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												